

Child And Adult Care Food Program
Claiming Percentage Roster
Fiscal Year _____

Sponsor Name _____ CTD # _____

Site Name _____

List participants qualifying for _____ meals:

Name

[illegible]

Child And Adult Care Food Program
Claiming Percentage Roster
Fiscal Year _____

<u>Sponsor Name</u>	<u>CTD #</u>
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Site Name _____

List participants qualifying for **FREE** meals:

Name

[illegible]

Child And Adult Care Food Program
Claiming Percentage Roster
Fiscal Year _____

<u>Sponsor Name</u>	<u>CTD #</u>
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Site Name _____

List participants qualifying for REDUCED meals:

Name

[illegible]

Child And Adult Care Food Program
Claiming Percentage Roster
Fiscal Year _____

Sponsor Name	CTD #
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Site Name _____

List participants qualifying for **PAID** meals:

Name

[illegible]